

Commercial or Multi-Family Application for Heritage Tree Removal

			Date:	
The undersigned owner of the property at			(street address)	
Preferred Phone No.	E	Email		
hereby applies for permission to remove Heritage tre	e(s) as follows:	(E or mare trace r	equire a tree report from the City's list o	
Species (if known):	Number of trees:	`		
Circumference of trunk at 4½ ft. above ground:	inches.	Estimated height:	feet.	
Reason for removal:				
(Please draw a location map below and attach a pho				
tree.Each tree should be tagged according to location	n map and report.)			
		Owner's (or Owner Ro	epresentative's) Name	
	-	Owner'	s Signature	
	-	Mailing Stre	eet Address or Email	
		Ţ.		
		City, St	ate, Zip Code	
Applicant prefers decision to be sent via	MAIL EMAIL PLEASE CIRCLE ONE			
NOTE: This completed form must be returned to the or email to shosterman@cityofpleasantonca.gov, in its (7.16, Tree Preservation of the Pleasanton Municipal within 20 days of receipt of this notice.	entirety upon completion l	by the applicant. The applicant	has read and is familiar with Chapter	
THIS SECTION TO BE FILL	ED OUT BY STAFF UF	PON INSPECTION OF HER	RITAGE TREE(S)	
ACTION	COMMENT			
Approved, Replant Y N				
Denied				
	Please replant	_ tree(s), in	size	
City Arborist #WE-11815A	Species			
Sity Alborist #WL-11015A				
	Annlicant Notifi	ed hv: Mail Email Fa	x DATF:	